

SCHEDULE A-P
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RON DESANTIS FOR PRESIDENT**A.** Full Name (Last, First, Middle Initial)**BERUFF, CARLOS, , ,**

Mailing Address 1651 WHITFIELD AVENUE

City
SARASOTAState
FLZip Code
34243-3945FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDALLION HOMESOccupation
CONSTRUCTION

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Transaction ID : SA17A.87921

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

CONTRIBUTION

Amount of Each Receipt this Period

6600.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

B. Full Name (Last, First, Middle Initial)**BERUFF, JANELLE, , ,**

Mailing Address 1651 WHITFIELD AVENUE

City
SARASOTAState
FLZip Code
34243-3945FEC ID number of contributing
federal political committee.**C**Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Transaction ID : SA17A.87999

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

CONTRIBUTION

Amount of Each Receipt this Period

6600.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

C. Full Name (Last, First, Middle Initial)**BIALEK, FRED, , ,**

Mailing Address 200 WINDING WAY

City
WOODSIDEState
CAZip Code
94062-2539FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.88420

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item**Subtotal Of Receipts This Page** (optional).....

13450.00

Total This Period (last page this line number only)